

Technical guidance for Global Fund HIV proposals Round 11



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Key population: sex workers

Note: This guidance note has been prepared in close consultation between the United Nations Fund for Population Activities (UNFPA), the United Nations Development Programme (UNDP), the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) Secretariat.

Rationale for including sex workers in the proposal

Sex workers and other marginalized populations have often been overlooked in national strategies and programmes, denying countries the opportunity to get ahead of their epidemics. The Global Fund's Sexual Orientation and Gender Identities Strategy,¹ agreed in May 2009, encourages all partners, especially government, technical and civil society partners at the country level, to strengthen their focus on the HIV-related vulnerabilities of people who are marginalized due to consensual sexual behaviours such as sex work, sexual orientation and gender identity.

Around the world – even in countries where key populations [sex workers, men who have sex with men, transgender people and people who use drugs] are nominal beneficiaries of Global Fund funding – there are consistent and extensive reports of funds not being allocated to appropriate interventions, a severe lack of services related to health and rights, and a continued disregard for human rights.²

In Phase 1 of Round 8, only 2.1%, 3.2% and 3.5% of funding was specifically allocated to focus on men who have sex with men, sex workers and people who inject drugs. The amounts for transgender people were too small to be measured in this round of funding.

Sex workers are defined as female, male and transgender adults aged over 18 years who sell consensual sexual services in return for cash or payment in kind, and who may sell sex formally or informally, regularly or occasionally.

HIV disproportionately impacts on sex workers. Female, male and transgender sex workers exist in all countries and often face significant vulnerability to HIV as a result of high-risk behaviour, poor coverage by HIV and health services, social marginalization, arrest and detention in closed settings, and continuing stigma, discrimination and punitive laws, policies and practices. Male and transgender sex workers, and sex workers who inject drugs, have increased vulnerability to HIV infection. Female, male and transgender sex workers experience extremely high rates of gender-based violence, including rape, which further exacerbates their HIV risk and vulnerability.

Situation analysis

There is an urgent need for countries to recognize and respond to concentrated HIV epidemics within a generalized epidemic and to focus more of their attention and investments on female, male and transgender sex workers, men who have sex with men, transgender people and people who use drugs.

'Know your epidemic and know your response' is critical to developing appropriately focused responses. Sex work is found in towns and villages, in capital cities, along highways, in seaports, around mines and infrastructural development sites, and in refugee camps. Situational analyses need to address the heterogeneity of

1 See http://www.theglobalfund.org/documents/core/strategies/core_sexualorientationandgenderidentities_strategy_en/.

2 *Global Fund HIV investments specifically targeting most-at-risk populations: An analysis of Round 8 (2008) Phase 1 November 2010*. Oakland, CA, Global Forum on MSM & HIV, 2010 (<http://www.msmgf.org/index.cfm/id/11/aid/2187>).

sex work in terms of the type of sex work and the locations where sex is sold. Sex workers are experts in understanding the dynamics of sex work.

Where survey data do not exist, include activities to establish data collection processes. In addition, make use of the experience-based evidence, using the experience and technical expertise of sex workers.

Responses focusing on sex workers are inconsistent, often come up against punitive laws, policies and practices, and sometimes infringe on the human rights of sex workers, contributing, in most regions, to HIV prevalence rates higher than those in the general population, for example reaching more than 40% in some communities.

Male and transgender sex workers are often included in data on HIV prevalence and incidence pertaining to men who have sex with men. Situation analyses undertaken at the national and subnational level need to disaggregate epidemiological data for male and transgender sex workers from data for men who have sex with men. This more nuanced approach will enable better programming and focusing of resources.

HIV prevention programmes among sex workers have achieved major progress both in increasing condom use in sex work and in reducing associated HIV infections. Considerable room remains, however, to improve the availability and use of condoms among sex workers and their clients. Data on condom use by sex workers with their last client are highly contested. The UNGASS country reports state that in 27 of 86 countries, data indicate that 90% or more of sex workers report condom use with their last client. A further 18 countries report condom use by sex workers at 80–90%. In contrast, 17 countries report rates of less than 60%. However, sex workers in most countries do not concur with the UNGASS data on condom use and availability and access to HIV prevention programming. In countries with concentrated epidemics, HIV prevalence trends among recent initiates into sex work provide insight into the trajectory of the HIV epidemic and are a proxy measure of HIV incidence.

Despite high prevalence and incidence, programme reach and coverage remain low and governments have historically allocated inadequate resources to sex workers, including men who have sex with men, people who use drugs and transgender people. Fear of violence, stigma and discrimination can also prevent many members of marginalized groups from accessing health care and other services.

Objectives for this area

The new Political Declaration on HIV/AIDS has a goal to reduce the sexual transmission of HIV by 50%, including among sex workers, by 2015. Given the importance of sex work in the transmission dynamics of HIV in most regions of the world, measures urgently need to be put in place to ensure sex workers have universal access to HIV prevention, treatment, care and support. Specific objectives include the following:

- ◆ To support viable, capable and strong community organizations of female, male and transgender sex workers at the national and municipal level, ensuring sex worker-led approaches through community systems strengthening.
- ◆ To ensure comprehensive health services are in place to provide non-judgemental, non-stigmatizing services that are affordable and accessible to female, male and transgender sex workers.
- ◆ To remove punitive laws, policies and practices and promote the creation of enabling legal and policy environments within a human rights framework.
- ◆ To strengthen local-level partnerships and ensure the inclusion of sex worker-led organizations.
- ◆ To ensure all sex workers have access to HIV and tuberculosis (TB) treatment consistent with World Health Organization (WHO) guidelines.
- ◆ To strengthen the access of sex workers living with HIV to social protection services.
- ◆ To support services for clients of sex workers through workplace-based programmes.
- ◆ To implement International Labour Organization Recommendation 200 in the context of sex work.

Focus populations

Female, male and transgender sex workers and their clients.

Key activities to consider

Fundamental to all work on sex work is the meaningful participation of and partnership with sex worker-led organizations and networks in the planning, implementation, monitoring and evaluation of all activities. These activities must be based on human rights, be evidence-informed, and include empowerment of sex workers as a key objective.

Comprehensive programmes focusing on sex work, including men who have sex with men and transgender communities, are described in several tools developed by both civil society and United Nations technical partners. Extracts from tools developed by the Joint United Nations Programme on HIV/AIDS (UNAIDS) follow as an example of the kind of information available. In addition, WHO, the United Nations Population Fund (UNFPA), the Global Network of Sex Work Projects and partners are working on the evidence base of sex work activities; the findings will be available in early 2012.

The following information is summarized from the 2009 UNAIDS *Guidance note on HIV and sex work*,³ its forthcoming annexes, and thematic consultations with governments and sex workers. Three pillars can be used to guide effective, evidence-informed responses to HIV and sex work:

- ◆ Pillar 1: Assure universal access to comprehensive HIV prevention, treatment, care and support.
- ◆ Pillar 2: Build supportive environments, and strengthen partnerships and economic empowerment of sex workers.
- ◆ Pillar 3: Reduce vulnerability and address structural issues, including enabling legal and policy environments.

Comprehensive, accessible, acceptable, sustainable, high-quality, user-friendly HIV prevention, treatment, care and support adapted to local contexts and individual needs should include:

- ◆ actions to address structural barriers, including policies, legislation, law enforcement and customary practices that prevent access and use of appropriate HIV prevention, treatment, and care and support;
- ◆ policies and programmes to ensure freedom from gender-based violence, abuse and discrimination, including from unformed services and clients;
- ◆ information for sex workers and their clients involved in the sex industry;
- ◆ condom programming providing reliable and affordable access to high-quality male and female condoms, water-based lubricants and other commodities, including contraceptives, and other requirements for health, such as food, sanitation and clean water;
- ◆ access to HIV voluntary counselling and testing for sex workers and their clients;
- ◆ access to HIV treatment and care with condoms and antiretroviral treatment for sex workers living with HIV who meet eligibility criteria;
- ◆ access to high-quality primary health care, TB management, and sexual and reproductive health services, especially sexually transmitted infection management and stopping new HIV infections in children;
- ◆ access to alcohol- and drug-related harm-reduction programmes, including sterile needles and syringes and opioid-substitution therapy;
- ◆ integration of HIV services with all relevant welfare services, including social support mechanisms for sex workers and their families;

³ See <http://www.unaids.org/en/strategygoalsby2015/sexualtransmissionofhiv/>.

- ◆ services that promote access to justice for sex workers, for example legal services and legal literacy.

Funded, capable, strong and viable sex work organizations and networks are the cornerstone of HIV responses for sex workers, including:

- ◆ to undertake sex worker-led community outreach and mobilization programmes;
- ◆ to raise awareness among policy-makers and the public of the need for the protection and promotion of sex workers' human rights and access to HIV prevention, treatment, care and support programmes;
- ◆ for representation on local, national, regional and global forums;
- ◆ to advocate for the removal of punitive laws, policies and practices that prevent universal access for female, male and transgender sex workers from becoming a reality;
- ◆ to build the capacity of new-generation sex worker leaders;
- ◆ to build the capacity to research and produce experienced-based evidence using the technical expertise of sex workers.

To reduce vulnerabilities, structural barriers and create enabling legal and policy, environments, activities should include:

- ◆ mapping of legal frameworks and barriers to universal access goals to be undertaken;
- ◆ stigma-reduction programming, including for health service providers and law enforcement;
- ◆ documentation mechanisms for human rights violations;
- ◆ development of programmes to eliminate violence against female, male and transgender sex workers, including by uniformed services;
- ◆ sex worker-led programmes to support economic empowerment for sex workers;
- ◆ specific attention to the particular needs of undocumented migrant and mobile workers;
- ◆ services that promote access to justice for sex workers, for example legal services and legal literacy programmes for sex workers.

Wherever possible, sex worker-led HIV services should be supported. All other service providers should have demonstrated competency and experience in working with female, male and transgender sex workers.

Suggested key indicators

Monitoring and evaluation operational guidelines for HIV and sex work, men who have sex with men and transgender people are available as a consultation draft. These are intended to cover national, subnational and service delivery levels.⁴

Linkage with other activities

A study carried out in 2010 by the United Nations Development Programme (UNDP), the UNAIDS Secretariat and the Global Fund (5) examined successful HIV proposals from Rounds 6 and 7 to assess how well proposals set out to fund human rights programming and how well they focus on marginalized and populations at risk. The study found that most successful proposals included activities focused on human rights, but criminalized populations were beneficiaries of less than 25% of such activities. People living with HIV were most likely to be identified as beneficiaries; people who use drugs and sex workers were beneficiaries of 23% of the focused programmes; men who have sex with men or transgender people were beneficiaries of 21% of the focused programmes; and people in prison were beneficiaries of 14% of the focused programmes. The study shows

⁴ Available on the Global Fund for AIDS, Tuberculosis and Malaria web site.

a correlation between laws prohibiting discrimination against certain populations and access to prevention services by people in those populations. Countries that do not recognize and protect people from discrimination are more likely to have communities with less access to HIV prevention services. In countries that criminalize sex workers, men who have sex with men or people who use drugs, and where those laws are applied, the negative impact on access to services is even greater.

Approach to costing

The World Bank is leading the development of cost-effectiveness of sex work activities. The product of this work will be available early in 2012. A WHO costing tool is also available.⁵ This workplanning and budgeting tool has been developed to assist countries in developing costed budgets and workplans for Global Fund proposals. The tool is a generic budgeting tool that can be used for any disease or health system strengthening component.

Type and sources of technical assistance that may be required during implementation

The importance of partnership

The Global Fund acknowledges that work in this area is sometimes challenging and can be controversial in many parts of the world. Civil society organizations and in-country technical partners can advise on which approaches will work best, depending on the context.

The Global Fund offers considerable potential for focused programming informed by the meaningful participation of sex workers in country-level decision-making. In-country partners face an unprecedented opportunity to increase resources for HIV services that meet community needs and break some of the taboos around funding HIV programmes that cover the 'controversial' issues of sex and sexuality.

Moving on this agenda, it is important to ensure care during planning and implementation in order to secure a 'do no harm' approach, so that the communities, particularly in countries where they are criminalized, are able to engage in any new spaces safely and with confidence. It is also vital that investment reinforces community efforts and strives to achieve the partnership challenges of ensuring that communities are at the heart of decisions and have an impact from proposal development through to programme implementation.

Technical support resources

In addition to international civil society organizations, technical assistance can also be provided through a number of United Nations organizations, including UNFPA, UNDP, the UNAIDS Secretariat and WHO country and regional offices. The following resources may be useful:

- ◆ *UNAIDS Guidance note on HIV and sex work*. Geneva, Joint United Nations Programme on HIV/AIDS, 2009 (http://data.unaids.org/pub/BaseDocument/2009/jc1696_guidance_note_hiv_and_sexwork_en.pdf); and its 2011 annexes.
- ◆ *Building partnerships: Report and recommendations from the 1st Asia and the Pacific regional consultation on HIV and sex work*. Geneva, United Nations Population Fund and Joint United Nations Programme on HIV/AIDS, 2011 (<http://asiapacific.unfpa.org/public/pid/7491>).

⁵ *Analysis of key human rights programmes in Global Fund-supported HIV programmes*. Geneva, United Nations Development Programme, Joint United Nations Programme on HIV/AIDS and the Global Fund to Fight against AIDS, Tuberculosis and Malaria, 2010 (<http://www.beta.undp.org/undp/en/home/librarypage/hiv-aids/analysis-of-key-human-rights-programmes-in-global-fund-supported-hiv-programmes.html>).

- ◆ *Practical guidelines for intensifying HIV prevention*. Geneva, Joint United Nations Programme on HIV/AIDS, 2007 (http://www.unaids.org/en/KnowledgeCentre/Resources/PolicyGuidance/OperationGuidelines/HIV_prev_operational_guidelines.asp).
- ◆ *A framework for monitoring and evaluating HIV prevention programmes for most-at-risk populations*. Geneva, Joint United Nations Programme on HIV/AIDS, 2008 (http://data.unaids.org/pub/Manual/2008/JC1519_Framework_for_me_en.pdf).
- ◆ *Operational guidelines for monitoring and evaluation of HIV programmes for sex workers, men who have sex with men, and transgender people*. North Carolina, United States of America, 2011 (<http://www.cpc.unc.edu/measure/publications/ms-11-49>).
- ◆ *Resource kit for Global Fund HIV Proposals – Round 11*. Geneva, Joint United Nations Programme on HIV/AIDS, 2011 (<http://www.unaids.org/en/ourwork/programmebranch/programmeeffectivenessandcountrydepartment/aideffectivenesscountrycapacitydivision/resourcekit/>).
- ◆ *Programming for justice: Access for all*. Geneva, United Nations Development Programme, 2005.
- ◆ *Guidance brief: HIV activities for most-at-risk young people*. Geneva, Inter-agency Task Team on HIV and Young People, 2008 (<http://www.unfpa.org/hiv/iatt/docs/mostatrisk.pdf>).

Examples of networks

- ◆ Global Network of Sex Work Projects (<http://www.nswp.org>): presence in 40 countries
- ◆ Asia Pacific Network of Sex Worker\$ (<http://www.apnswdollhouse.wordpress.com>)
- ◆ TAMPEP (<http://www.tampep.eu>)
- ◆ Sex Workers' Rights Advocacy Network (<http://www.swannet.org>)
- ◆ International Committee on the Rights of Sex Workers in Europe (<http://www.sexworkeurope.org>)
- ◆ African Sex Worker Alliance (<http://www.africansexworkeralliance.org>)
- ◆ RedTraSex (<http://www.redtralsex.org.ar>)
- ◆ RedLACTRans (<http://www.redlactrans.org.ar>)
- ◆ Latin America Sex Worker Union (NSWP Regional Network) (<http://www.nswp.org/members/latin-america>)
- ◆ Caribbean Sex Worker Coalition (NSWP Regional Network) (<http://www.nswp.org/members/north-america-and-the-caribbean/caribbean-sex-worker-coalition>)
- ◆ Francophone NSWP Africa (NSWP Regional Network) (<http://www.nswp.org/members/Africa>)
- ◆ Caribbean Vulnerable Communities Coalition (<http://www.cvcoalition.org>)
- ◆ Asia Pacific Coalition on Male Sexual Health (<http://www.msasia.org>)
- ◆ African Men's Sexual Health and Rights Network (<http://www.amsher.net>)

Links to key reference materials

See the resources listed above in 'Technical support resources'.

Terminology

The 2009 *UNAIDS Guidance note on HIV and sex work* and its 2011 annexes (in draft) has agreed language on sex work. In addition, the Global Fund uses language from a 2006 meeting of human rights experts and has developed and adopted the Yogyakarta Principles – a set of principles on the application of international human rights law in relation to sexual orientation and gender identity (<http://www.yogyakartaprinciples.org>).

